CLAIMS ONLY

45 46 47 48 49 50 Total Indep Total Depend Total Claims

Application Number

10/8/2

Applicant(s)

\* May be used for additional claims or amendments

Filing Date

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		l	l	· .				•	
	Indep	Depend		Depend	Indep	Depend	1	·	Indep	Depend	Indep	Depend	Indep	Depend
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95 96 97 98 99 100 Total Indep Total Depend Total Claims